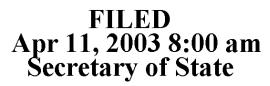
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S00877 1. Entity Name BENADA HOLDINGS, INC.



1. Entity Name BENADA HOLDINGS, INC.						04-11-2003 90129 007 ***150.00				
Principal Place of Business 8040 PETERS ROAD SUITE H107 PLANTATION FL 33324			Mailing Address 8040 PETERS ROAD SUITE H107 PLANTATION FL 33324							
2. Principal Place of Business			3. Mailing Address				84)	ıl Biğil biğil 1	(8)) 6 (3)((40)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			EE_0222004			plied For ot Applicable	-
Zip		Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Currer	nt Registered Agent			7. Name and Address of New	Registered A	gent .		1
				Nar	me					
ENFIELD,	LISA H.		and the second s		Street Address (P.O. Box Number is Not Acceptable)					١_
-	ERS ROAD			Stre	eet Address (P.	O. Box Number is Not Acceptab	le)			-
										1
SUITE H1										
PLANTATI	ON FL 3332	24	City		у	FL Zip Code				
	tions of regist		field		ce or registere	d agent, or both, in the State of F	lofida. I ayrı fa	miliar with,	and accept	
	$\overline{}$		птаво иле и аррисасле. (NOTE	E. Registereo Agent	signatura required v	vicin diristating)	j Dane			4
After	r May 1, 200	L-PEE IS \$150.00 3 Fee will be \$550.00 Florida Department				9. Election Campaign F Trust Fund Contribut	~ ~		0 May Be I to Fees	
10. OFFICERS AND			DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D Delete		TITLE				Change	☐ Addition	5	
NAME	ENFIELD, LISA H.			NAME						130
STREET ADDRESS	100401 ETENO 110.			STREET ADDRESS						5
CITY-ST-ZIP	ST-ZIP PLANTATION FL 33324		CITY-ST-ZIP	·					Ĭ	
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	à
NAME	ENFIELD,	STEVEN		NAME						`
STREET ADDRESS 8040 PETERS RD., #H-107				STREET ADDR						
CITY-ST-ZIP	PLANTATIO	ON FL 33324		CITY-ST-ZIP	<u> </u>					
TITLE			☐ Delete	TITLE				☐ Change	Addition	

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Daytime Phone #